

## INSTITUTE FOR BOARD MEMBERS OF PUBLIC HEALTH NURSING ORGANIZATIONS

NEW HAVEN, CONNECTICUT, APRIL 4-7, 1927

AT the suggestion of the New Haven Board of the Public Health Nursing Association about 200 board members representing public health nursing organizations of Northeastern States met in New Haven, Conn., April 4-7. The purpose of this institute of lay health workers was two-fold: To discuss the general policies of their organizations in their relation to the health activities of other public and private agencies in their communities and to stimulate further study of these relations and the health needs of their towns and cities. Representatives of about 100 nursing associations came from as far as Montreal, Indiana, Michigan and Virginia—some representing associations having but 1 nurse, others with a staff of 100 nurses.

The subjects of the institute were selected to satisfy the four types of associations—rural, town, small city, and large city. Round table discussions followed the formal programs.

In her address on the "Relation Between the Board and Its Professional Staff," Miss Katherine Tucker, R.N., Director, Philadelphia Visiting Nurse Society, emphasized 3 essentials: "A partnership of equality requiring mutual understanding; the board determining public relation policy; the staff responsible for the nursing."

"Public Health Nursing in Its Relation to the Medical Profession" was discussed from the point of view of "The Physician" by Haven Emerson, M.D.; "The Nurse" by Janet Geister, R.N., of the American Nurses Association; "The Board Member," by Florence E. Hegeman, Visiting Nurse Association, Brooklyn, N. Y.

Dr. Emerson clearly defined the difference between the public health nurse on a salary who is never conducting her work for profit and the physician, who must do it. He also pointed out that the responsibility for diagnosis and treatment is legally given by the state to the physician, while the nurse can act only as his agent, as a coworker. He urged that each public health nursing association have a medical advisory board delegated by the county or city medical society.

"The Board should meet to get the job done, therefore a small working board is preferable"—was the gist of the speech given on the "Function of the Board" by May Gardner,

R.N., of the Providence, Rhode Island, District Nursing Association.

Professor C.-E. A. Winslow in his discussion of the relationship between the board and the community cautioned each board that in working out its ideal plan that the scope and extent of its program were fundamental; for example, to aim for 1 nurse for every 2,000 population in the city and 1 nurse to 1,500 population in rural communities. He also stressed the importance of solving the problem of the high cost of nursing to the satisfaction of the patient and the nurse.

How public support for public health nursing can be mobilized through the media of publicity, annual reports, and fund raising campaigns was treated in a practical manner by W. W. Peter, M.D., formerly of Shanghai, China; Professor Ira V. Hiscock of Yale University; and Hazel Corbin, R.N., of the Maternity Center Association of New York City.

The financial problems that beset board members was another topic approached from several angles—the relationship with community chests, national health agencies and private contributions. Allen T. Burns, executive director, American Association for Community Organization, spoke specifically on the financing of public health nursing.

Another session was devoted to the education of board members, and in his address Dr. George E. Vincent, President of the Rockefeller Foundation, summed up the opportunities and responsibility of the board members.

At the closing meeting E. H. Lindeman, New York School of Social Work, New York City, definitely outlined to the delegates the responsibilities of leadership.

This meeting of local community leaders marks an epoch in the decentralization of public health administration. It may well be the point of change from the sewing circle social event to the informed deliberate discussions of studious and earnest responsible representatives. At least it has shown the method and created much inspiration to tip the scales from the mystified passive sitting on the board to the side of intelligent deliberation and informed action.

The June issue of the *Public Health Nurse* will publish the papers read at the institute.

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